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DIVISION OF PUBLIC HEALTH

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www.dhfs.state.wi.us

WISCONSIN TUBERCULOSIS DRUG REIMBURSEMENT PROGRAM (TBDRP)
BILLING INSTRUCTIONS

An invoice should be completed by the pharmacist and signed by both the pharmacist and the customer/patient representative (signature can also be on signature log rather than on each invoice). Claims should be submitted monthly, and payments by the TBDRP will be made directly to the pharmacy. The TBDRP covers the following anti-tuberculous medications: **isoniazid (INH), rifampin (Rifadin, Rimactane), rifapentine, (Priftin), pyrazinamide (PZA), and ethambutol (Myambutol)** including the following combination drugs: **Rifater and Rifamate**, as well as second line anti-tuberculosis drugs for the drug resistant tuberculosis including: **kanamycin (Kantrex), capreomycin (Capastat), ethionamide (Trecator-SC), cycloserine (Seromycin), ciprofloxacin (Cipro), ofloxacin (Floxin), levofloxacin (Levaquin), amikacin, and para-aminosalicylic acid (PAS).**

The invoice must include the information indicated below or your claims may be returned for further information, resulting in a delay of your payment.

1. **Pharmacy Name, Street Address, City, State, ZIP**
2. **Pharmacy FEIN Number** The federal employer identification number is needed to ensure payment to the appropriate agency.
3. **Client ID Number** The client ID is indicated on the Antituberculosis Therapy Authorization form.
4. **Client's Name**
5. **Date Rx(s) Filled**
6. **Product Name**
7. **Metric quantity** Number of pills dispensed.
8. **Days of Supply** A one-month or 30 day supply is the maximum amount that should be supplied to a patient at one time.
9. **National Drug Code (Labeler No., Product No., & Pkg.)** Include all of the digits of the NDC Number (including 0's). Claim forms with incomplete numbers may be rejected.
10. **Ingredient Cost** Enter your usual and customary price for the drug. **Reimbursement is based upon the WMAP allowable rate.** A table listing the current reimbursement rates is on pages 3-4 and on the Wisconsin Tuberculosis Program web site. http://www.dhfs.wisconsin.gov/dph_bcd/TB
11. **Dispensing Fee** Enter current Medical Assistance professional fee.
12. **Tax** The State of Wisconsin is exempt from paying state sales tax.

13. **Total Price** Add Ingredient Cost to Dispensing Fee.
14. **Signature of pharmacist or employee**
15. **Other Third Party Coverage** The Wisconsin Medical Assistance Program (WMA) also pays for all medications covered by the TBDRP. The WMA must be billed first if the client has MA. If the pharmacy is aware that an individual has health insurance with prescription drug coverage, the pharmacy should bill insurance that portion for which the insurer is responsible. The TBDRP should be billed only for the amount (copay and/or deductible) that the pharmacy has been authorized by the TBDRP to bill. If you have benefit coordination questions, call the TBDRP at (608) 266-9692.
16. **Ded Amount** Include the amount already paid PER MEDICATION by the client's insurance or other source of medication coverage (e.g. Medicaid).
17. **Balance** Indicate amount for which you are billing the TBDRP.

SUBMISSION OF CLAIMS

If the client is eligible for MA or the pharmacy is aware of other insurance coverage while enrolled in the TBDRP, the pharmacy must bill them first. The TBDRP is the payer of last resort. Like the MA program, pharmacies may not bill clients for the difference between their usual and customary charges and the reimbursement rate they receive from the TBDRP.

Retain one copy of the completed invoice for your records and send one copy in an envelope marked "confidential" to:

TBDRP--Tuberculosis Program
Division of Public Health
P.O. Box 2659
Madison, WI 53701-2659

If you have any billing related or client eligibility questions, please contact Nancy Dupont at (608) 266-9692 or Tanya Oemig at (608) 261-6319. Your participation in the TBDRP is appreciated.

NDC #	DRUG	Pkg Qnty	Max Fee	Disp. Fee
00185435130	Isoniazid 100 mg Tablet	30 each	1.65	4.88
various	Isoniazid 100 mg Tablet	100 each	5.50	4.88
17236018003	Isoniazid 100 mg Tablet	300 each	16.50	4.88
Various	Isoniazid 100 mg Tablet	1000 each	55.00	4.88
Various	Isoniazid 300 mg Tablet	30 each	2.40	4.88
Various	Isoniazid 300 mg Tablet	35 each	2.80	4.88
Various	Isoniazid 300 mg Tablet	100 each	8.00	4.88
51079008324	Isoniazid 300 mg Tablet	300 each	24.00	4.88
Various	Isoniazid 300 mg Tablet	1000 each	80.00	4.88
46287000901	Isoniazid Syrup 50mg/5ml	473 ml	20.20	4.88
00068059701	Rifadin (rifampin) IV 600 mg vial	1 each	75.73	4.88
00068051030	Rifadin (rifampin) 150 mg Capsule	30 each	42.64	4.88
00068050830	Rifadin (rifampin) 300 mg Capsule	30 each	60.44	4.88
00068050860	Rifadin (rifampin) 300 mg Capsule	60 each	120.83	4.88
00068050861	Rifadin (rifampin) 300 mg Capsule	100 each	201.48	4.88
00185080130	Rifampin 150 mg Capsule	30 each	36.21	4.88
00185080101	Rifampin 150 mg Capsule	100 each	120.69	4.88
various	Rifampin 300 mg Capsule	60 each	102.59	4.88
various	Rifampin 300 mg Capsule	30 each	51.32	4.88
Various	Rifampin 300 mg Capsule	500 each	812.59	4.88
51079089020	Rifampin 300 mg Capsule	100 each	177.71	4.88
various	Rimactane (rifampin) 300 mg Capsule	100 each	173.99	4.88
00088210003	Priftin (rifapentine) 150 mg	32 each	82.75	4.88
00013530117	Mycobutin (rifabutin) 150 mg Capsule	100 each	575.50	4.88
51079069119	Pyrazinamide 500 mg Tablet	25 each	29.46	4.88
61748001209	Pyrazinamide 500 mg Tablet	90 each	91.29	4.88
various	Pyrazinamide 500 mg Tablet	100 each	114.70	4.88
various	Pyrazinamide 500 mg Tablet	500 each	487.79	4.88
61748001206	Pyrazinamide 500 mg Tablet	60 each	62.24	4.88
61748001209	Pyrazinamide 500 mg Tablet	90 each	91.29	4.88
Various	Myambutol (Ethambutol) 100 mg Tablet	100 each	53.40	4.88
Various	Myambutol (Ethambutol) 400 mg Tablet	100 each	199.14	4.88
00088057641	Rifater® (rifampin + isoniazid + pyrazinamide) Tablet	60 each	103.03	4.88
00068050960	Rifamate® (rifampin + isoniazid) Capsule	60 each	139.21	4.88
various	Kanamycin 1 G/3 ml Vial	3 ml	6.15	4.88
various	Kanamycin 500 mg/2 ml VI	2 ml	9.94	4.88
various	Kanamycin 75 mg/2 ml VI	2 ml	2.74	4.88
51479001801	Capastat (capreomycin) 1 G Vial	1 each	23.94	4.88
00008413001	Trecator-SC (ethionamide) 250 mg Tablet	100 each	262.68	4.88

NDC #	DRUG	Pkg Qnty	Max Fee	Disp. Fee
51479001901	Seromycin (cycloserine) 250 mg Pulvule	40 each	150.66	4.88
various	Cipro (ciprofloxacin) 250 mg Tablet	100 each	451.74	4.88
various	Cipro (ciprofloxacin) 500 mg Tablet	100 each	473.06	4.88
00026851448	Cipro (ciprofloxacin) 750 mg Tablet	100 each	473.06	4.88
00026851450	Cipro (ciprofloxacin) 750 mg Tablet	50 each	228.92	4.88
Various	Floxin (ofloxacin) 200 mg Tablet	50 each	233.89	4.88
Various	Floxin (ofloxacin) 200 mg Tablet	100 each	374.72	4.88
Various	Floxin (ofloxacin) 300 mg Tablet	50 each	278.34	4.88
Various	Floxin (ofloxacin) 300 mg Tablet	100 each	445.67	4.88
Various	Floxin (ofloxacin) 400 mg Tablet	100 each	587.06	4.88
00045152010	Levaquin (levofloxacin) 250 mg Tablet	100 each	817.26	4.88
00045152050	Levaquin (levofloxacin) 250 mg Tablet	50 each	405.79	4.88
00045152510	Levaquin (levofloxacin) 500 mg Tablet	100 each	935.76	4.88
00045152550	Levaquin (levofloxacin) 500 mg Tablet	50 each	465.07	4.88
00641235743	Amikacin 1 G/4 ml Vial	4 ml	16.88	4.88
00074195801	Amikacin 250 mg/ml Disp Syr	2 ml	30.00	4.88
various	Amikacin 250 mg/ml Vial	2 ml	8.44	4.88
various	Amikacin 250 mg/ml Vial	4 ml	16.88	4.88
various	Amikacin 250 mg/ml Vial	3 ml	12.66	4.88
Various	Amikacin 50 mg/ml Vial	2 ml	28.00	4.88